



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code		SC	Dept. PHL	A	Contract Number			
County Department Public Health			Dept. PHL		Orgn. PHL	Contractor's License No.			
County Department Contract Representative Carla McClain			Telephone 387-6220		Total Amount \$1,528,658				
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:									
If not encumbered or revenue contract type, provide reason:									
Commodity Code		Contract Start Date		Contract End Date		Original Amount		Amendment Amount	
Fund AAA	Dept. PHL	Organization 0900	Appr. 200	Obj/Rev Source		GRC/PROJ/JOB No.		Amount \$2,989,462	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Project Name Hospital Preparedness				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D

CONTRACTOR California Department of Health Services

Federal ID No. or Social Security No. _____

Contractor's Representative Jacqueline Partain, HRSA Cooperative Agreement Coordinator

Address MS 7002 , P O Box 997413, Sacramento, CA 95899-7413 Phone (916) 650-6456

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is an application to the California Department of Health Services requesting funding for hospitals, Inland County Emergency Medical Agency (ICEMA), and other medical service providers in the County to purchase equipment and supplies to enhance capacity to respond to a bioterrorist event or other health emergency.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) ▶ _____ County Counsel (Charles Larkin)	Reviewed as to Contract Compliance ▶ _____	Presented to BOS for Signature ▶ _____ Department Head (James A. Felten)
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

☐ Contract Database ☐ FAS

Keyed By